

Name: _____

D.O.B.: _____ Age: _____ M/F: _____

Address: _____

City: _____

Parent Name: _____ D.O.B.: _____

Home Phone: _____ Work Phone: _____

Emergency Contact Name & Number: _____

I waive liability of personal harm arising out of my participation in PARD programs and accept responsibility for it.

Name: _____

D.O.B.: _____ Age: _____ M/F: _____

Address: _____

City: _____

Parent Name: _____ D.O.B.: _____

Home Phone: _____ Work Phone: _____

Emergency Contact Name & Number: _____

I waive liability of personal harm arising out of my participation in PARD programs and accept responsibility for it.
